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## Certificate of Facsimile Transmission

I hereby certify that the attached RCE Transmittal with accompanying Information Disclosure Statement and cited reference (U.S. Patent No. 5,566,170) is being facsimile transmitted to facsimile No. (703) 872-9306, Attention: Examiner Duc Chi Ho at the Patent and Trademark Office on the date shown below. (Total pages transmitted is 32 including this one).

  
Jennifer Abernathy

Date: May 19, 2005

PATENT APPLICATION  
Attorney's Do. No. 2705-093

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Stephen Ma et al. Confirmation. No. 5593  
Serial No. 09/735,718 Examiner: Duc Chi Ho  
Filed: December 12, 2000 Group Art Unit: 2665  
For: INTRASERVER TAG-SWITCHED DISTRIBUTED PACKET  
PROCESSING FOR NETWORK ACCESS SERVERS

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

MAIL STOP RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**1. Submission required under 37 C.F.R. § 1.114**a. ☐ Previously submitted:☐ Consider the amendment(s) reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_.☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.☐ Other:

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b. ☒ Enclosed is:

01 FC:1001

790.00 OP

☐ Amendment/Reply☐ Affidavit(s)/Declaration(s)

\* Received: 32 pages \* Did not receive page 5/33.

\* U.S. patent (recycle): pages 6/33 - 33/33. CH

☒ Information Disclosure Statement (IDS)

☐ Other

2. Miscellaneous

☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).

☐ Other:

3. Fees: (Note: The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed)

☒ RCE fee required under 37 C.F.R. § 1.17(e)

☐ \$395 small entity

☒ \$790 large entity

CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	22	-22*	0	x \$50 =	\$0
Independent Claims	4	-4**	0	x \$200 =	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

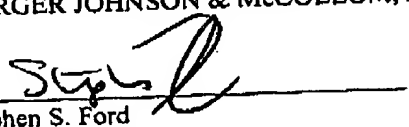
☒ PTO Form 2038 authorizing credit card payment in the amount of \$790.00 is attached.

☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Customer No. 20575

Respectfully submitted,

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